

5/23/06

To:

Examiner/Supervisor

Fax: 571-273-4343

Re: Appln. No. 10/715,040

Finally Filed (by Amended)

**U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)**

For delivery information visit our website at [www.usps.com](http://www.usps.com)

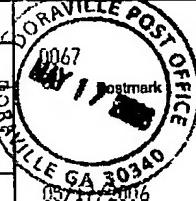
**OFFICIAL USE**

ALEXANDRIA VA 22313

Postage	\$ 2.31
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.40
Total Postage & Fees	\$ 6.56

Sent To: LoAn H. Thank / TC3700, Randolph  
Street, Apt No.:  
or PO Box No.:  
City, State, ZIP+4 U.S. Dept of Commerce P.O. Box 1450  
Alexandria, VA 22313-1450

PS Form 3800, June 2002 See Reverse for Instructions



Doraville Branch  
DORAVILLE, Georgia  
303409998  
1204440067-0093  
05/17/2006 (800)275-8777 02:21:50 PM

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Product Description	Sale Qty	Unit Price	Final Price
ALEXANDRIA VA 22313			\$2.31
First-Class			8.90 oz.
Return Rcpt (Green Card)			\$1.85
Certified Label #:			\$2.40
70051820000577835170			-----
Issue PVI:			\$6.56
Total:			\$6.56
Paid by:			
Cash			\$20.00
Change Due:			-\$13.44
Bill#:	1000701605296		
Clerk:	06		

— All sales final on stamps and postage.  
Refunds for guaranteed services only.  
Thank you for your business.  
Customer Copy

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Examiner LoAn H. Thank  
TC3700, Bldg. Randolph  
U.S. Dept of Commerce  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

2. Article Number  
(Transfer from service lab)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

X

B. Received by (Printed Name)  C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

MAY 23 2006

3. Service Type  
 Certified Mail  Express Mail  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7005 1820 0005 7783 5170

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

BEST AVAILABLE COPY